State of Minnesota District Court		
County	Judicial District:	
	Court File Number:	
	Case Type:	
Plaintiff/Petitioner	Affidavit for Proceeding	
vs.	In Forma Pauperis	
	(Minn. Stat. § 563.01)	
Defendant/Respondent		
± •	a natural person (not a corporation, partnership or other entity). rder waiving court fees and costs. I cannot support my family security for costs.	
I believe that I have valid reasons for pursuing this action. My pleadings (the Petition, Complaint, Answer, Appeal or other pleading) are attached.		
SSI and/or MSA (The Su Assistance Programs); MFIP (Minnesota Family Food Stamps; General Assistance or Dimedical Assistance or General Assistance; b. I am receiving public assistance I have attached proof that I receive from agency) or I will provide proof the listed programs	scretionary Work Program; eneral Assistance Medical Assistance; e under some other means-tested program: (Name the program) we public assistance (such as MFIP card or cancelled check of if the Judge asks for proof. If you checked #3a. and received as, skip to the signature line on page 2. If you checked #3b. and	
receive some "Other" means-tested o	issistance, go to Question 4.	
4. ☐ I am represented by attorney	on behalf of	
program, based on indigency. <i>If</i>	a civil legal services program or volunteer attorney Syou checked #4, skip to the signature line on page 2.	
	. (Include yourself, your spouse, your minor children, and other For my family size, I counted myself and (list all others): Age Relationship to you	
	I	
	ne (before taxes and deductions) is \$ which Poverty Line for my family size of members. <i>If you a line on page 2</i> .	

 1f you did not check #3a, 4, or 6 you must answer all of the rest of the questions. 7. My gross monthly income before taxes and deductions is \$ My net (take home) 			
7.	monthly income is \$	$\underline{}$, and the source of that income is: \Box Job	
	☐ Unemployment ☐ Child Support	or Spousal Support □Public Assistance □Trust Income	
8.	My spouses' gross monthly income	before taxes and deductions is \$ My spouses'	
	net (take home) monthly income is \$\) and the source of that income is		
	; OR, I do no	t know my spouses' income because:	
		OR I am not married.	
9.	All other family members and depen	dents living with me have net monthly income as follows:	
		ke home) monthly income Source of that Income	
10.	I pay \$ per month i	n court-ordered child support and/or court-ordered child care.	
11.	I pay \$per month in	court-ordered spousal support.	
12.	I pay \$ per month f	for □ rent □ mortgage payment.	
13.	I own: Cash	\$union accts \$	
	Checking, savings and credit	e, year and equity value (market value minus unpaid loans))	
	Cars, other vehicles (list make	¢.	
		<u> </u>	
	Real Estate (market value mir Homestead:		
	Other Real Estate:	\$ \$	
		elry, stocks, bonds, etc list separately)	
		<u> </u>	
14.	I am presently \$ in d	lebt, excluding car loans and real estate mortgage/loans.	
15.	Other factors which support my reques	st are (explain unusual medical expenses, emergencies, reasons that	
10.			
	•	ou, or other circumstances to help the Judge understand your	
	situation):		
	-		
Dated:			
	Si	gnature (Sign only in front of notary public or court administrator)	
Sworn/a	affirmed before me this	Name:	
	_day of,	Address:	
		City/State/Zip:	
Notary	Public \ Deputy Court Administrator	Telephone: ()	

www.courts.state.mn.us/forms